Web date: 08/25/2005



APPLICANT REQUEST FOR CONCURRENT REVIEW BY PUBLIC HEALTH AND DDES

For alternate formats, call 206-296-6600.

	For County Use Only
	Public Health Record ID
	DDES Permit Number
	Parcel Number
Concu	ırrent Review Request
waive the Complete Application Requirer referenced building permit and conduct c submitted to DDES and my On-Site Sewa Public Health – Seattle & King County. I understand that there are risks associate sewage system approval by the Department modifications; possible denial of one or be associated with each department's review modifications to my plans be required to with the preparation and review of all successions.	nt of Development and Environmental Services (DDES) ment for on-site sewage system approval for the above oncurrent reviews of my building permit application age System (OSS) site design application submitted to ed with waiving the application requirement of on-site ent of Public Health including: the possibility of plan oth of the permits; and my responsibility to pay for all fees weven when one or both permits are denied. Should obtain county approval, I agree to pay for costs associated th plan revisions. I also understand that when significant may not achieve the desired result of saving review time.
Loartify that Loubmitted my OSS site des	ign application to the Department of Public Health – Seattle
•	
& King County on	(date)
Name	(please print)
Signature	

Check out the DDES Web site at www.metrokc.gov/ddes

lapsed since the OSS site design application submittal to the Public Health Department.